

**REGULATORY LICENSING UNIT  
SHELLFISH PROCESSING FACILITY APPLICATION  
(Health and Safety Code, Chapter 436)**

Return the completed application to:  
Texas Department of State Health Services  
Foods Licensing Group MC 2835, PO Box 149347, Austin TX 78714-9347  
You may contact our office at: (512) 834-6626

TX #:  
Date: \_\_\_\_\_  
Inspector: \_\_\_\_\_  
Approval: \_\_\_\_\_

Name Under Which Business is Conducted (DBA): \_\_\_\_\_

Physical Address to be Licensed: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Telephone # at address: \_\_\_\_\_

**TYPE OF CERTIFICATION (check one):**

☐ Shucker / Packer      ☐ Shellstock Shipper      ☐ Re-packer      ☐ Depuration Processor

**WATER SUPPLY (check one):**

☐ Public      ☐ Private

**SEWAGE DISPOSAL (check one):**

☐ Public      ☐ Private

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION AND AM ELIGIBLE TO RECEIVE A LICENSE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND CHAPTER 436 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTERS 229 AND 241, AND AGREE TO ABIDE BY THEM.

Signature \_\_\_\_\_

- ☐ OWNER  
☐ PARTNER  
☐ PRESIDENT  
☐ CORPORATE DESIGNEE / AGENT

Date \_\_\_\_\_

Printed Name & Title \_\_\_\_\_

**PURPOSE OF THIS APPLICATION:** Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

**Please Note: The initial Certificate of Compliance is valid from September 1 thru August 31 of each year or part thereof.**

☐ **New (Initial)** - Start Date of Regulated Activity: \_\_\_\_\_

☐ **Change of Ownership (Including legal entity)** Previous owner: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Change of ownership (including change of legal entity) requires submission of a new application.

☐ **Amended** - ☐ Change of Location [previous location: \_\_\_\_\_] } Enter the date the change  
☐ Change of Name [previous name: \_\_\_\_\_] } was effective:  
☐ Other: \_\_\_\_\_ } Date: \_\_\_\_\_

Any minor amendment including change of name or change in the location of a certified place of business, requires submission of a new application.

☐ **Renewal**

☐ **Notice that firm is out of business.** Date: \_\_\_\_\_

Sign and date. Return for deletion from our records.

**RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS**

A certificate cannot be issued for manufacturing or holding of foods for distribution in any room used as living or sleeping quarters and shall be separated from any living or sleeping quarters by complete partitioning. Food prepared in a private home may not be used or offered for human consumption in a food establishment.

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Residence Address

**BUSINESS HOURS OF OPERATION:** \_\_\_\_\_ m. to \_\_\_\_\_ m.

**WEBSITE/ INTERNET ADDRESS:** http://www.\_\_\_\_\_

**MAILING INFORMATION** (The certificate and/or courtesy renewal notice will be sent to the following):

Mailing Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Name of Application Preparer (Contact Person): \_\_\_\_\_

Telephone Number of Application Preparer (Contact Person): \_\_\_\_\_

Fax Number of Application Preparer (Contact Person): \_\_\_\_\_

E-mail Address of Application Preparer: \_\_\_\_\_

**PRIVACY NOTIFICATION:** With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. You may visit our website listed below for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

**ALL THREE PAGES OF THE APPLICATION FORM MUST BE COMPLETED  
BEFORE A CERTIFICATE WILL BE ISSUED. Please allow 4-6 weeks for processing.**

Visit our website at: [www.dshs.texas.gov](http://www.dshs.texas.gov)

Please address **correspondence only** to:  
Texas Department of State Health Services  
RLU, Food and Drug Licensing Group, MC 2835  
PO Box 149347  
Austin, Texas 78714-9347

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM  
PAGE 2 OF 3**

**LICENSE HOLDER INFORMATION:** Please enter the 11 digit State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts.

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**Complete the one box below that relates to the type of ownership of your business.**

☐ **Sole Owner / Proprietorship**

Name of Sole Owner: \_\_\_\_\_  
Residence Address

☐ **Partnership**   ☐ **LP**   ☐ **LLP**   ☐ **LTD**

Name of Partnership: \_\_\_\_\_

Partnership Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

Partner Name: \_\_\_\_\_  
Residence Address

Partner Name: \_\_\_\_\_  
Residence Address

Partner Name: \_\_\_\_\_  
Residence Address

☐ **Association**   ☐ **State Agency**

Name of Association / State Agency: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

Name: \_\_\_\_\_  
Residence Address

Name: \_\_\_\_\_  
Residence Address

☐ **Corporation**   ☐ **LLC**

Corporation Name: \_\_\_\_\_  
Date and Place of Incorporation

Corporation Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

President Name: \_\_\_\_\_  
Residence Address

Officer's Name: \_\_\_\_\_  
Residence Address

Officer's Name: \_\_\_\_\_  
Residence Address

Name of Registered Agent: \_\_\_\_\_  
Residence Address